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# Westcliffe Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Westcliffe manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation for people who require nursing care. The service is registered to accommodate 27 people. At the time of the inspection 24 people were accommodated. At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. The service met all relevant fundamental standards.

A registered manager was in post. The registered manager had led the care team consistently for ten years. The service maintained effective systems to safeguard people from abuse and individual risk was fully assessed and reviewed.

Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. Nursing staff were updated and trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

We saw evidence that the service learned from incidents and issues identified during audits. Records were detailed and showed evidence of review by senior managers.

People's needs were assessed and recorded by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best-practice.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide safe, effective care and support.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People reviewed were receiving effective care and gave positive feedback regarding staff support.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professional that we contacted did not express any concerns about the quality and effectiveness of these relationships. We saw evidence in care records of appointments with GP's, opticians and dentists and supporting professionals such as the palliative care team.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

People told us that staff treated them with kindness and respect. It was clear from care and incident records

that staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs.

Staff were clear about the need to support people's rights and needs regarding equality and diversity. Care records contained information about people's sexuality, ethnicity, gender and other protected characteristics.

We checked the records in relation to concerns and complaints. The complaints' process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager or a senior manager.

People spoke positively about the management of the service and the approachability of senior staff.

Westcliffe Manor had well developed quality monitoring processes and the registered manager had support from senior managers. Policies and procedures provided guidance to staff regarding expectations and performance.

People using the service and staff were involved in discussions about the service and were asked to share their views. This was achieved through daily contact by the managers and regular surveys. The most recent survey yielded a very positive response.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Good ●

### Is the service effective?

The service was effective

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well led.

Good ●

# Westcliffe Manor

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection.

The inspection took place on 5 and 7 March 2018. The inspection was unannounced. The inspection team consisted of an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with 13 people using the services, four of their relatives, two health and social care professionals, staff, the registered manager and senior managers from the organisation. We also met with the owners of the service. We spent time looking at records, including five care records, two staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

# Is the service safe?

## Our findings

Most people and their relatives told us that the service was safe. Comments included; "It's secure", "There's always staff around and they do respond to the bell", "I know the people", "I just feel safe" and "I've always felt safe."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures was available to staff. Each of the staff that we spoke with was able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation).

Staff were deployed in sufficient numbers to provide safe, consistent care and support. We saw that agency staff were used infrequently. One person said that sometimes there was limited staff in the lounge and they reported one incident which concerned them as staff had not been present. We fed this back to the registered manager who told us they would ensure further monitoring. Most people we spoke with agreed that they had support when they needed it.

Thorough processes were followed to ensure staff were suitable to work with vulnerable people. We looked at two files of staff employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been made.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. We saw records of all of the routine environmental checks made in the home. We saw people using walking frames and wheelchairs to get about, often with staff support, and how these enabled them to do so safely. The lounges and dining areas were spacious enough to allow people to move unhindered, with or without support. There was fire equipment in all areas and we saw personal emergency evacuation plans [PEEP's] were available for the people resident in the home. This helps to ensure effective evacuation of the home in case of an emergency.

All maintenance / safety certificates were up to date we saw records indicating when these needed updating. Overall there was good attention to ensuring safety in the home and on-going maintenance.

Procedures reduced the risk of infection. We saw personal protective equipment (PPE) such as gloves and aprons. Staff were clear about the need to use PPE when providing personal care. Two members of staff took the lead for carrying out routine audits [checks] to help ensure hygienic standards were being maintained. We had some feedback from external infection control professionals who told us the home had an infectious outbreak recently [Flu] and had managed the situation well. We found the laundry area to be in need of some attention. It was cluttered and was difficult to clean. This had been identified on audits carried out and was addressed while we were on the inspection.

Individual risk was fully assessed and reviewed. The care files we looked at showed staff had completed risk

assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails; these were regularly reviewed.

Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. When safe to do so people were encouraged to monitor and maintain their medicines. Nursing staff administered medicines. Care staff maintained records of administration such as application of creams. The records that we saw indicated that medicines were administered correctly and were subject to regular audit. One person told us, "Staff are really on the ball with medicines and never forget to give me my tablets."

We saw evidence that the service learned from incidents and issues identified during audits. Records were detailed and showed evidence of review by senior managers. For example, one person had experienced two falls which had been reviewed and measures instigated to reduce further risk.

## Is the service effective?

### Our findings

People spoke positively about the effectiveness of nursing and care staff. One person told us, "The staff are really good. They've been in this morning to help me and give me a wash." Another person with a longstanding medical condition said, "The nurses understand the help I need; they are very good at reminding me so I can manage better myself." A relative we spoke with commented, "Staff are excellent and very friendly. They know my [relative] well and monitor [their] health really well."

Staff were trained appropriately. The owners had a number of care services and had developed their own training 'Academy'. Training was subject to regular review to ensure that staff were equipped to provide safe, effective care and support. Training needs were reviewed during the supervisions and appraisals. One staff said, "Were really well supported. There is a lot of training; I'm currently doing the 'Six Steps' training in end of life care."

Nearly 60% of care staff had achieved formal qualifications at Level 2 or above NVQ or Diploma in Health and Social Care. All staff had completed training to support people living with dementia. The registered manager showed us a copy of the training matrix which confirmed this. This shows a good base of staff knowledge to help ensure effective care for people.

We found staff liaised effectively to ensure that people living at the home accessed health care when needed. One person we reviewed had experienced changing care needs over a space of time and these changes had been monitored by staff in liaison with the person's GP and other health professionals including specialist nurses. A visiting health care professional told us the home was "A good home. Staff seem knowledgeable in general and very organised."

Care records we saw showed that people were assessed with respect to their health and welfare. One person had on-going care needs around parenteral nutrition and communication. The assessments and care plan identified these care needs and there was an effective plan in place to support the person including specific interventions to aid communication. The registered manager commented, "[Person] is able to communicate none verbally and this enables choice and gives back control over [their] wishes and preferences."

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Three of the people in the home at the time of the inspection were under a DoLS authorisation although the managers had made applications for others and were monitoring these in liaison with the Local Authority.

It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records that we saw showed evidence of consultation and people had signed to indicate that staff could access information and for other key areas of consent to care.

People were supported to eat and drink in accordance with their needs. Most people were happy with the meal service provided and told us; "Nine times out of ten I'm satisfied, if I don't like it, they'll change it" and "Sometimes it's better than others, but on the whole it's very good." There were some negative comments; "Some days it's wonderful, some days horrible, but we have a choice of two meals", "There's a lot to be asked about the quantity and quality of the food. Yesterday the dinner was cold. They did have a meeting and say they will put a microwave upstairs, but it hasn't happened yet." The registered manager advised that the meals had to be transported from the basement and this affected the temperature food was served at. We were advised that this had been identified and a heated trolley was on order to resolve the issue.

We saw that drinks were regularly available from a drinks machine [both hot and cold drinks]. Some people had chosen an alcoholic drink following their dinner which we observed to be relaxed and sociable.

## Is the service caring?

### Our findings

We observed staff to be caring in their support of people at Westcliffe Manor. Staff were observed to be pleasant and to speak kindly and courteously to people when offering or giving support, or when serving food and drinks. Relationships were evidently good between everyone living and working at the home.

People told us staff were kind and respectful and treated them with dignity. Comments made included; "I'm treated very well, I'm made a great fuss of", "It's very good, anything you ask them for they will do", "They are very good", "Staff are all very nice" and "They treat me very lovingly, very nice all of them." A relative commented, "They [staff] are excellent. They always have a smile and a cup of tea. They treat people here wonderfully."

People were encouraged to be as independent as possible. One person we spoke with had very limited mobility but had been encouraged by staff to go on outings and this had improved their quality of life. Another person had been supported to maintain their independence and regularly went out visiting alone. They told us they were free to make their own decisions on a daily basis.

We saw very positive interactions between people and staff throughout the day, whenever support was being offered or provided. We also saw some staff taking opportunities between tasks to socialise/interact with people. One staff told us, "There is time in the afternoon to socialise a bit more in the lounge."

When we spoke with staff they came across as caring and interested in their work. Staff were knowledgeable regarding the people they supported and knew their individual preferences and routines.

Feedback we received from people varied when we asked them about involvement in the care planning process with the majority of people reporting that they didn't know, and those that said they had seen a care plan couldn't tell us when they last saw it or when it was reviewed. Care plans we viewed, however, did contain evidence of people and /or their families being involved in the care planning process; this was evident through signed consent forms and records of discussion with people and families.

We saw that people had access to advocacy support if needed. Leaflets and information was displayed regarding the local advocacy services on the resident's notice board in the lounge. There were no people using advocacy services at the time of the inspection but the registered manager was able to give past examples; a person had no family and their Power of Attorney died unexpectedly and they had needed independent advice and support.

## Is the service responsive?

### Our findings

People told us they were free to spend time as they wished. One person said "I do absolutely nothing. We have activities three afternoons a week. The television is on most of the time." Another person concurred and told us, "I read newspapers and books. We have quizzes". All of the people we spoke with told us they were comfortable in the home and could choose to be sociable or not.

The activity coordinator told us they a series of set activities which people could join in with. There weren't any activities for those people who stayed in their rooms. One day a week someone came in to do chair exercises and handicrafts. Many people told us they enjoyed going out in the minibus and were looking forward to the weather improving so they could out again. The majority of people joined in the planned activity we saw and told us they enjoyed it.

People told us they could make daily choices. They said they could choose how and where they wished to spend their day and what time to get up and retire at night.

Care records were completed and included personalised information about people such as, personal care and physical wellbeing, medication usage, communication, sight, hearing, any mental health needs, skin integrity, nutrition, mobility, sleeping and social care. Care plans were specific to the individual and there was reference to people's life history to get to know people's social care needs and background in more detail. These records, along with staff's daily written evaluation/notes meant care files contained important information about the person as an individual and their particular health and care needs.

We reviewed a person who had been assessed for end of life care. The GP had reviewed the person and there was a suitable care plan devised which included on-going monitoring and review by the GP and palliative care team. We saw an 'advanced' care plan had been drawn up with the person and their relative which included the persons preferred wishes and preferences for the care they received.

People had access to a complaints procedure and this was available to people within the home. A person said, "I'd ask for the manager. I can speak to all the staff [if I wanted to complain]. Three people told us they had raised issues and they had been resolved to their satisfaction. A system was in place to record and monitor complaints. There had been one recorded complaint since our last inspection. This had been responded to satisfactorily by the registered manager.

## Is the service well-led?

### Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager advised us they like to 'lead from the front' and this was important as it set the tone and standards in the home. The provider information [PIR] sent to us stated, 'The philosophy of the Manager is 'positivity breeds positivity' and the open, caring, efficient, discreet culture is established from the Manager'.

People spoke positively about the management of the service and the overall philosophy of the service. One person said, "The staff are well trained and the atmosphere's good, it's not institutionalised." Another person commented on "The freedom" and one person said, "I like everything. It's like home from home, I feel like I'm with friends."

Westcliffe Manor is one of a number of services own by the same provider group. As such the provider has a well-developed performance framework which assessed safety and quality in a number of key areas. This quality assurance process has continued to modify and become more established over recent years in line with the development of a settled senior management structure. Policies and procedures provided guidance to staff regarding expectations and performance.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection. It was clear that senior staff and managers understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through 'resident meetings' and the completion of survey questionnaires. The most recent resident meeting was held in December 2017 and was well attended. The general feedback from people was very positive about the home.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professionals that we contacted did not express any concerns about the quality and effectiveness of these relationships. The registered manager welcomed feedback from external professionals and showed us a Clinical Quality Audit carried out by the local Clinical Commissioning Group [CCG] which scored highly in all clinical areas of care.